

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE
							APPLICANT(S)	
<b>CLAIMS</b>								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.	*	*
1	1							
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TOTAL IND.	↓		↓		↓			
TOTAL DEP.	←		←		←			
TOTAL CLAIMS								
* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS								

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